

(Print or Type)



Date Yr.

Permit #

PERMIT FEE:

TEL. #

New ☐Renovation ☐Plans Submitted Yes ☐ No ☐[illegible]

(Print or Type)

Check One:

Certificate

Installing Company Name _____

☐ Corp. _____

Address _____

☐ Partnership _____

☐ Firm/Company _____

Business Telephone _____

Name of Licensed Plumber or Gasfitter

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner Agent

I have a current liability insurance policy to include completed operations coverage. ☐

William Freeman Jr/Gas Inspector
To arrange for inspection
call GAS INSPECTOR at
1-978-897-2371.

FTNAL INSPECTIONS ARE MANDATORY

TYPE LICENSE:

☐ Plumber
☐ Gasfitter
☐ Master
☐ Journeyman

Signature of Licensed
Plumber or Gasfitter

License Number